

The first principles of the Embryo may be found in the ovum  
it is supposed to receive the principles of life about the fourth  
week and then nourished by the Placenta the blood con-  
veyed to the liver by the Umbilical vein and conveyed from  
thence by the Umbilical Artery

Thurs day 17<sup>th</sup>

The Menstrual flux commences at puberty and returns every 28 days  
commences with pain lassitude, languor, head-ache, numbness of the  
extremities with a little fever. Pregnancy, disease or suckling is the  
only time at which females do not menstruate. Ceases at 40  
or 45 &c - The Menstrual blood comes from the interior of the Uterus -

Friday 18<sup>th</sup>

Recapitulation

Monday 21<sup>st</sup>

Tuesday 22<sup>nd</sup>

Chlorosis face pale eyes swelling flatulency - false growth throat by  
narrowing the alimentary 1<sup>st</sup> And Emetic, & Mercurial purge - best  
Tonic as Iron, Muriatic Tinct. Carb. - Sulf. Quinine,  
Bitter and aromatics - Tepid Bath & pediluvium - Sea bathing  
bowels kept open by Rhei XX grs Alloway XV grs Anisi &c  
Elix. - Cheeseface Cornbury & Amusement P. Savin (Helictro  
after diluted) Cantharides Tinct X. XX grs 3 times a day - Volu-  
Tinct of Quiaac - pain in back & warm fomentations

Retention of the Menstrual depends on some disease or affection  
of the liver, lungs &c and may occur in directly opposite states  
of the system as Robust &

1 pint of water in 24 hours - Bol. alkali XV grs or XX grs injected  
with a little warm water or milk

1<sup>st</sup> Menorrhoea - where there is great pain or small discharge  
warm bath; bladder - Camphor - take care of bowels -  
Menorrhagia - An 2 scrps - when followed by weakness - known  
from hemorrhages by coagulation

Sometimes a Membrane forms within the cavity of the Uterus  
no specific for discharging it - and allowing the Menstrual dis-  
charge to pass - Only small doses of Specac -

Small doses of Alloway to be given when the discharge is about to cease  
and at that time the discharge being troublesome & 2<sup>nd</sup> Tonics



External Agents at Chelms

Ligature in Colic Cholera - & deep Puncturation for pain in every part of the body -

Leeching a species of blood-letting - is performed by the horse-leech & to be kept in pure and frequently changed - also 60° or 70° of Fahrenheit to be kept to be covered by thin cloths - to be applied requires injection or surgical treatment, generally extract ʒi to ʒi - Seldom occasions them to drop.







Thursday Dec 1<sup>st</sup>

Diseases of Pregnant women; when the health is not much affected to not interfere - febrile state common to most women, slight in robust women - toward the latter end of pregnancy generally worse. Perhaps not much to be done before delivery, unless mild purging as Magnesia, Rhubarb in small doses, Opium not to be used - Apapetida in small doses give relief - If more distressing symptoms be present - tongue dry, moaning in sleep &c in these cases bleed - cleanse the alimentary canal by mild <sup>cathartics</sup> laxatives. Of Calomel which is the very best - then keep the bowels open, use Dover's powder - light diet - Spasm of bowels gives Chills - The first sensation generally that the woman feel is Heartburn, Antacids or even of acids then relieve as Elixir of Vitriol or lime juice are to be given - Scopolin by the very best in small divided doses frequently, Magnesia with Rhu- barb sometimes give relief, lime water, ground Nuts &c have been used, diet such as they prefer and agree best with the stomach, Catamenia, are mild laxatives or Enema of warm water and Oil are to be used, if there be hardened faeces at the rectum, use the Enema after an examination per vagina or Anus and break some of it down by finger per vagina - Calomel the best to promote and reduce Diarrhea, moderate doses of Calomel and Rhubarb -

Piles very common to some, mild laxatives with Tonic, leeches and puncturation to the parts - Strong solution of Sulph. Chlor. as a lotion by the means of pledges, not so strong in the inflammatory stage this however the very best - Acetate of Lead weak solution very common, Astringents externally of White Oak bark and Nut galls very good - the best diet Rye Mush and Molese or Milk the very best - Ungtion Sulphur and Nut galls &c -

Fleur Albus - the general health much impaired, difficulty to be taken care of in pregnant women, to prevent the great discharge give warm and Cold injections alternately the very best. Simple water three or four times a day - then weak solution of acetate of Lead after the inflammatory symptoms with the water injections as before - Treat the system as it may require -

Numbness of the different parts not much to be done unless Opium. Tooth Ache very common not much to be done, best Cathartic

Thursday Dec 8<sup>th</sup>

Cholic pain or Windy Colic caused by indigestible food taken in the stomach some Carminatives give relief or laxatives - blood letting if required, or lastly Sinapism over the stomach, laxatives - Tonics lastly -

Inconstancy of Urine - benediction mucilaginous drink gives relief cloths wrung out in water over the stomach, laxatives &c

Strangury often happen in pregnancy affect 2 or 3 months, caused by the increase of the size of the womb, untill it rises above the pelvis



4  
She may be directed to push up the point by the finger may allow  
the Urine to pass - if this will not do draw blood according to  
symptoms, mild laxatives, emollient injections per Anum et Vagina  
fomentation to the pubis - Thick diet of mucilaginous drinks -  
no diuretics - the catheter may be used when required - Nitric Acid  
Laudanum and large quantities of Cold water on going to bed -  
is the Cause of Retroversion of the Uterus known by much bearing  
down with a firm round tumor by examination per Vagina, happens to  
those of a lax-fibres - sometimes produce complete stop to the Urine  
and fetus and may occur before or after the third month - not easily  
confounded with prolapsed uterus - but may be <sup>confounded</sup> with disease of the Ovaria  
or the fetus between the uterus and rectum, the history of the case may  
give information - Retroversion cannot happen later than the 4<sup>th</sup>  
month - May be caused also by a fall - Cough - fright, but <sup>most</sup> of all  
the distention of the bladder - restore the parts immediately if possible -  
the flexible and elastic male catheter perhaps the best to be introduced  
into the bladder - external pressure may sometimes be of use to discharge  
the Urine - Next attend to the rectum and remove the feces by injections  
or by introducing a large bathater and throw the injection beyond  
the indurated feces - the woman laid on her back introduce  
two fingers in the rectum and the other hand in the vagina by  
this means raise the Uterus, and place a pessary in the Vagina,  
the Urine to be drawn off regularly by a bathater, take care of  
the bowels, if the child too large and the Uterus cannot be returned  
divide the Symphysis pubis. Friday Dec 9<sup>th</sup>

Anti-version, the fundus is inclined forward the cervix backwards;  
and cannot occur until the Uterus rises above the pelvis, known by diag-  
-ging down with feebleness - when very pendulous to be suspended by a  
broad band over the shoulder in the axis of the pelvis, by a jacket -  
Obliquities of the Uterus, where is resting on one side the right side  
of the rectum and spine and is easily discovered in the 3 or 4 month  
by the touch - it might incline to the left side - seldom productive  
of any injury - the woman to be laid on the opposite side of the  
obliquity, and sometimes press the the side, not allow the woman to  
bear down. Monday - Dec 12<sup>th</sup>

Uterine Hemorrhages after the third month very dangerous to the mother -  
by produced by detaching the ovum from the placenta - hemorrhage is common  
to miscarriage - To be treated by blood letting liberally, at first very large -  
the bowels evacuated by cooling laxatives - a horizontal position, bed solid  
- no spices - diet light and cool as water and dry toast, ripe fruit, apple  
water, clothes loose - Clothes wrung out in water vinegar  $\frac{1}{3}$  vinegar 2 water  
and a little salt apply to the back abdomen - Lead given internal said  
to be good in combination with (gr) Sac Saturn - Opium grs (Specac grs) Sulph 60 pps  
- alum in whey - Moderate Opium as dovers powder soon after  
bleeding - Haemostatic medicines said to be good



5. If Syncope it is said to be good if early in the discharge of blood — if late however very dangerous — The Tampon very good we are told by closing the vagina when it occurs between the third and fourth the Tampon here breaking the Membranes and discharging the water and delivery is ~~the~~ accelerated at delivery the hemorrhage will be stopped — Very dangerous to Child and mother when it occurs after the 6th month — Hemorrhage occurs when the Placenta is immediately over the neck of the Uterus as the neck enlarges the hemorrhage is increased — the Os Uteri to be dilated by the finger detach one side of the placenta and carry the hand <sup>before the water part</sup> into up and take the Child by feet and deliver it — ~~Monday Dec 13th~~ <sup>apoplectic epileptic & Hysterical</sup>

In Purpural Convulsions — ~~to~~ <sup>Phlegm, purge all feculent matter</sup> — Thursday Dec 15th — ~~no lecture~~

Gregg  
Aspiration of the Uterus — not always from the efforts of the child, violent exertions of the Uterus upon some prominent part of the child — does not require the Uterus to be diseased unless it may be a threatening violent blow or improper violence by the Accoucher — or a death of the part by a portion of the Uterus getting between the pressure of the child and Sacrum — All parts of the Womb is liable — Death caused by the contents of the Uterus ~~in contents falling into the abdomen~~ known by acute pain in the parts — Edematous vomiting — the rent has been heard, if the child has escaped it cannot be felt we must introduce the hand and deliver it through the opening by the feet immediately — Sometimes the head may be felt when the rest of the body has passed through into the abdomen the extract by the forceps — if no other way and the patient may survive it perform Gastrotomy —

Monday, Dec 20th

Of Labour Generally about two or three weeks before the labour, which commonly happens at the end of the 40th week, the female finds a discharge of mucous kind from the vagina for the purpose of Lubricating and relaxing the parts and <sup>to increase this it has</sup> been recommended to drink the tea of Slippery Elm a month or so before the expected time — the bladder and the rectum are to be carefully watched that there be no accumulation.

The clothes and things are to be adjusted by the nurse — Sometimes the patient feels false pains two or three days or weeks before actual pains come on but here the Os <sup>is</sup> ~~thence~~ <sup>is</sup> not at all dilated — but after labour comes on the Os Uteri enlarges there generally will be a mixture of blood with the discharge called by the females a show



Dr Beattie Dec 21<sup>st</sup>

Labour, the presence of the Physician often suspend the action of the Uterus for a short time; the fibres of the Uterus run in every possible direction — the action of the Diaphragm and abdominal muscles assist the Uterus, and in this way the neck is dilated being inactive —

Pains in the beginning nothing but of a prickling kind — in the small of the back or sacrum or abdomen —

Labour of 4 Stages — 1<sup>st</sup> ends, when the Os Uteri is dilated, and commences with rigors, if these are followed by much fever we fear danger — bleed, inject warm fomentations, &c. — Pains in the loins, back and abdomen of a sharp cutting character — the Waters are discharged soon after this — sickness and vomiting are common — and after a rest in dilating Os <sup>time</sup> — this stage often taking up some time even longer than any other stage — to be left to nature — When the lips of internal orifice are thick the pains are more severe — as soon as he arrives he should enquire into the state of the bowels, unless very free regurgitation is infectious especially at the first labour, also the excretion of the urine.

If the Os <sup>time</sup> will not dilate you may draw off a little blood with the best advantage — examinations as seldom as possible, all times at the accession of a pain — she may walk, lie down or sleep between the pains as she may please — the practitioner may ~~leave~~ leave the room to show his care to the family.

Especially when the Os <sup>time</sup> is not dilated above the size of half a dollar — When the Os <sup>time</sup> is sufficiently dilated we may feel the head of the child — move first a time for the end of the delivery — as soon as the water is discharged and sufficiently dilated we may examine the presentation of the child.

Friday Dec 23<sup>rd</sup>

At the time the Os Uteri is sufficiently dilated the 2<sup>nd</sup> stage commences and the membranes break and the water is discharged, we then should be satisfied by touch of the precise situation and after this is the most tedious part of the Labour and the fore head to the Sacrum and the vertex towards the pubis — Many of the anomalous presentations will be altered by nature if time be given — we must regulate our patient's conduct and looth her in this stage of the Labour — She ought not exert herself during pain — the membranes often rupture at the first or second pain and sometimes before any pain — if the ~~water~~ membranes, child and placenta are passed at the same time there will be danger of hemorrhage.



3<sup>rd</sup> Stage is when the vertex present at the external orifice and the Perineum appears like a tumour, and the head rests on the soft parts and the pains are excruciating — the perineum is here likely to suffer being much in the stretch — if the Mucous be too much taken away it is apt to rupture — to prevent this is the chief duty of the practitioner, we ought not to suffer her to drink heating drinks. When the perineum swells you ought to press against it with a towel and take care that no too sudden rush of the head, the left hand on the perineum, and the right hand on the head of the child — pressure on the perineum should be upward and forward, the sufferings at this time is at the utmost height — encourage her by asking her questions — sometimes the head advances during a pain and returns again after it, this is of consequence to the perineum for after some <sup>time</sup> it will pass easily — after the head is passed a few more pains will deliver the shoulders and these require care to the perineum — after this one or two more pains will deliver the hips all these to be carefully watched — if delivery be too sudden the ~~Perineum~~ Placenta is often high up and requires great care and danger of hemorrhage — the slow delivery allow more easy delivery to the placenta.

Tuesday Dec 27<sup>th</sup>

4<sup>th</sup> Stage, the detachment of the child and expulsion of the placenta — the chord not to be cut before the child shall breathe — soon the child will be more healthy if the ligature be not applied until the circulation of the chord shall have stopped of its own accord — After this the ligature is to be applied in one or two by two or 3 times turns of the ligature — then the chord divided — or if there be twins a double ligature to be applied — the child to be given to the nurse — or always apply a double ligature — after these little pains but they return in less than a half an hour — and discharges the placenta — When the pains return we are to examine the situation of the placenta — to be encouraged by pressure on the abdomen with friction — the hand to be carried up when the chord is kept tense — sometimes the placenta has a portion cartilaginous causing great hemorrhage — in the hourglass contraction of the uterus retains the placenta



high up to overcome this give Opium and introduce the hand very slowly — sometimes the uterus has not sufficient contractile powers to throw off the placenta — introduce the hand and endeavour to cause the contraction of the uterus — all the membranes to be brought away with the placenta —

next apply the bandage over the fundus of the uterus to cause the contraction of the uterus, as well as to give comfort and support to the muscles of the abdomen —

Examination introduce the finger by the back part of the thigh at the time of the accession of the pain greater danger of the finger being carried too high up than too low or far back — as the flexing of the thigh throws it far back.

Thursday Dec

Of the presentation of Labour of 6 different kinds —  
Of Præternatural Labour — first Abortion, caused by a variety of circumstances — sometimes known by heaviness bearing down with pains — but sometimes the first symptom is ~~also~~ a hemorrhage and the membranes with the Embryo is soon expelled this may occur at any stage of Labour — if late, the danger is excessive hemorrhage — treat as to circumstances, rest, cool and cold diet & drink blood letting if not forbidden, especially if the child does not pass away and may be supposed to be alive. Hemorrhage owing to the womb not contracting — after Venesection Opium, Spicac, Sac. Saturni — if the child be dead or thought to be so must look for delivery — use the Tomphor (roll of linen) kept in the vagina, to prevent the excessive hemorrhage.



Tuesday Janry 3<sup>rd</sup> 1825

Labour after the 7 months before the 40 week is preternatural and great danger of hemorrhage, but the child may be saved but for the mother — the lancet to be employed frequently and at small quantity of blood — laxatives — Opium to be given — apartment kept cool, very light food also cool — Women miscarry on 14 or 15 day after any accident or fright — if the os tinea is tense bleed freely — if the Placenta is retained the fingers to be introduced and excite it to action, these where circumstances does not forbid —

The first thing in Labour is to be distinguish the presentation — if the Labour is very slow we may suspect a unnatural presentation — we may often find it to be preternatural even before the Membranes are ruptured — if not may very soon after — watch the time the Membranes break and if it require the child to be turned, do it before the water are discharged and the uterus will contract on the child, and make it difficult to turn it — if in the breast presentation, the parts are much injured a soft emollient poultice is to be applied to the part as soon as the child is delivered — Where death occurs in this presentation it is generally by pressure on the chord to prevent this expedite the Labour as soon as the breach is passed — if there be a deformity of the pelvis as soon as the Membranes are ruptured the hands to be introduced and bring down the feet and deliver this way this must also be done when there are any other urgent circumstances — if necessary the blunt hook or if the child be the Crotchet is to be used — When the arm or shoulder present, the hand is to be introduced, as soon as the os tinea is dilated to the size of a quarter or half a dollar, and dilate so as to introduce the hand and arm, the hand gradually carried up between the thighs and the feet brought down very slowly — the back of the child kept to the parts of the pelvis and pubis —



Dr Beattie Thursday Janry 5<sup>th</sup>

If the os tinea does not dilate, it will yield to the lance. If  
it is a formation — if the water is discharged, the arm presents  
and the os tinea tense — Laudanum 50 drops or 2 to 4 gr of Opium  
may be given — the tourniquet might be applied to suspend  
the spasm or contraction. Utterly apply to the arm —

Monday Janry 9<sup>th</sup> 1826

Presentations of the anterior surface of the body, are very rare but  
when found you are to deliver by the feet — the hip is the only  
part that could be mistaken for the head, but it is not so hard.  
— The most frequent Mal-presentation is the frontal bone to the  
Acetabulum — And should be changed, and must be done before  
the head is <sup>firm</sup> in the superior strait — by introducing the hand  
when there is no pain — raise the head and then rotate it so that  
that the frontal bone shall present to the sacro-iliac Symphysis  
and the labour will be perfectly natural — to be turned to the  
nearest Symphysis — if the vertex present to the Symphysis  
pubis to be changed as before — if the vertex present to the  
Sacrum turn it to the sacro-iliac Symphysis — the side very  
seldom present perhaps best to deliver by the feet — flight ob-  
liquities are not uncommon but seldom require artificial means.  
The face seldom presents known by the chin and ear &c here bring  
the vertex to present or deliver by the feet —

Tuesday Janry 10<sup>th</sup>

Twins

All signs signs and Prognosis for twins are all fallacious, if  
any be ~~true~~ true examination per vagina is the only one.  
For if there be one child it will be moveable, but more they  
will be immovable — but all uncertain untill delivery.  
Each child has its waters and membranes — if ~~it~~ they  
have not it is to be considered very unnatural —



The Labour in twins is slower than where there is but one — the labour conducted as in other cases until the first child is born, great care to be observed should you be under the necessity to introduce the hand — that the membranes of the second child is not ruptured and the two feet of the same child brought down —

The second child generally present the opposite to the first — as if the head first the feet will present in the second. the woman is not to know that there is a second child until it shall be delivered if possible — the uterus contracts slowly on the second child, if very slow the abdomen is to be rubbed — if the pains does not come on in 3 or 4 hours, recur to other means as the Lecale Coartum, here and in in this situation only &c — if should a this not answer, the child is to turned or delivered by the forceps — the placenta of the first child is not to be delivered before the delivery of the second child, unless it be in way the vagina and prevent the second delivery — the placenta ought not be delivered so soon here as where there is but one child even for 3 or 4 hours and longer. — Thursday 12<sup>th</sup> Jan'y —

Natural Labours, are terminated in 24 hours, there are deviations and then called Tedious. — <sup>or debilitated</sup> no stimulating diet or drink are positive to be given — Weak, females have easy Labours at least quicker and easier than the strong, therefore no danger from debility unless hemorrhage after labour — but should the <sup>debility</sup> be extreme, give wine &c this seldom required.

A disease of the uterus itself more frequent cause of Tedious Labours — Over distention of the uterus by the Liquor Amnion and is called a dropy of the Amnion — Over distention from twins all these may be the cause of tedious Labours, and here wait for the reaction of the system and labour pains and there will not be so much danger of hemorrhage —



It would be improper to use artificial Means for the second Child, unless there be convulsions or some other circumstances demanding them — Sometimes the Uterus contracts in the hour glass form and causes tedious labours this does not often occur — but the placenta is to feared; that a part of it will be retained and then hemorrhage will follow — the use of lancet when there is spasm of this kind and the Child to be delivered very slowly, the woman shall not make the slightest effort in the commencement of labour at least untill the head is through or in the Os tenece or untill it is sufficiently dilated — Fever in tedious labour is to be treated by the antiphlogistic plan.

Friday Janry 13<sup>th</sup>

Artificial Means are to be used only when there is a local or constitutional disease — as ascitis — asthma &c — Rigidity seldom happens to the Uterus of the weak female — use blood letting — warm fomentations — Opium, warm bath &c — I have known to the amount of from 30 to 50 ℥ or even more has been drawn in this country —

The unnatural situation of the Uterus may also delay the Labour — or the Uterus being affected by Cancer or any other Cancer — they have <sup>incised</sup> divided the neck of Uterus (a case by Dr Archer) —

Mal-Formations may also be the cause of tedious Labour &c  
Obliquity of the Uterus may be the cause of the same also a shortness of the chord



Friday Janry 20

If the smallest diameter be less than 3 inches - it is supposed  
a living child cannot be passed - Distortions common to persons  
confined from childhood to a manufactory &c

Cæsarian Operation <sup>See</sup> Tuesday Janry 24<sup>th</sup> 1826

Uterine Hemorrhage - Unless the os Uteri is dilated we must  
not attempt to deliver by dilating it - but first recom-  
mend rest - cool applications to the loins &c - if re-  
quired bloodletting - the tampon or plugging up the uterus  
is always the best plan - Give Acetate of Lead ~~with~~ in  
the following prescription -  
Opium  $\frac{1}{2}$  gr Specac 1 gr Acet: of Lead 2 grs

But if the <sup>os</sup> Uteri be dilated the treatment is differ-  
ent rupture the membranes and deliver by the feet &c  
if it cannot be delivered in the natural way - the tur-  
nery is always followed by a cessation of the hemorrhage  
- if the head of the child is low down we must use the  
forceps however - Hemorrhage from the lungs and  
stomach sometimes happens; to be treated as if the patient  
were not in labour as bleeding, Stiptics &c - Syncope  
to be carefully looked too and watched for fear of some  
accident - having happened as internal hemorrhage, &  
here we must turn and deliver - with or without instruments

Convulsions - always dangerous, not always ought to bleed here;  
but Cordial stimulants the best very soon - Delivery to be  
affected immediately and

is common to excessive exhaustions -  
- but in some forms of convulsions bleedings are required and even  
large ones demanded followed by Colomet in a large dose im-  
mediately or after delivery -

Rupture of Uterus - deliver immediately with or without instru-  
ments



Dr Beattie

Thursday Feb 2<sup>nd</sup> 1826

Ten or twelve hours after delivery that is on the next visit if the woman be plethoric bleed give Castor Oil - or if Diarrhoeal fever prevail give Colomel largely preventing too much purging by adding Opium also in Bilious habits it is best

In the first child <sup>there are</sup> not generally very severe after pains, but when they do occur give Opium, & Camphor or the Black drop - But they should not be too suddenly or even soon prevented as they are caused by the contraction of the Uterus -

The Lochia continues generally about 20 days, and requires cleaning -

If the water cannot be evacuated - use warm fomentations to the pubis  
A <sup>lot</sup> of Nitric in Rice Water also to be first tried - if this does not <sup>do</sup> the Catheter must be used -

The patient must not stand up before 3 or 4 days for fear of prolapsus Uteri -

Friday Feb 3<sup>rd</sup> 1826

Inverted Uterus comes on soon after delivery, and always to know this immediately after the delivery of the bagine Placenta. If inverted reduce it immediately - when it has remained any length of time almost impossible to reduce it, and here we can rarely relieve symptoms, support the Uterus by a Flat Separy with bandages &c -

The Partial Uterine Inversion is when there is an indentation of the fundus - always caused by bringing away the placenta by the chord or when there are artificial adhesions - or from improper movement of the patient before the Uterus is contracted as Ward says it may happen spontaneously or a short chord &c - Death may occur from it - with hemorrhage sometimes it is inverted and the placenta still adheres to it - if the placenta be partially detached - detach the whole before returning it - but if not return the whole.



The Uterus in this case has been interupted by a ligature & one  
case successful in N York state —

Monday Feby 6th

Prolapsus or descensus Uteri - is a falling of the womb  
The Os Uteri is situated about 4 inches from the external surface  
and a fold of the vagina proper, into the Os Uteri about  $\frac{1}{4}$   
of an inch - And any descension of the Os Uteri below this  
is called Prolapsus Uteri - And the bladder will be also  
displaced And must be attended to in introducing a Catheter  
it must be inclined to the Rues of the woman - the rectum  
displaced also the Ovaria & Fallopian tubes. And the mass  
intestines occupy the cavity of the pelvis - the symptoms  
not at all violent as the ligaments are put on a stretch  
And the only inconvenience in walking - the skin of  
the labia also drawn down if it have descended far  
And the Uterus is turned inside out - Air & on the vagina  
destroy the color & sensation of the parts - More liable  
to it after delivery than any other - May be caused by weak-  
ness - or an erect posture after delivery - & - Great Cough  
after delivery - it more common in the country than in the  
City

Symptoms - first pain in the back of a dragging bearing  
down kind - then pain in the groins And a discharge from  
the vagina - irregular sometimes - pain by the back worse  
in the erect posture - to be distinguished from an Affection  
of the sacro Iliac Sympthasis - the appetite lost - distention  
of the abdomen - dispondency - a hicough - also Menor-  
ragia - all tumors in the vagina are not to be mistaken for  
Prolapsus Uteri to be treated by the Os Uteri -

Treatment - <sup>injections first</sup> to reduce it to natural situation And to  
be kept there by a peppary about 2 inches or  $2\frac{1}{2}$   
A hollow Silver peppary gilt ore is the very best -  
Globular peppary said to be better in unmarried females as the  
others do not prevent the usual intercourse - first bathed  
in Oil And carried up to the neck of the uterus And  
there properly placed - in injections and Forries



Alternately injections of warm water &c — is very painful  
Tuesday Feb 7<sup>th</sup>

Polypus — is a tumor and may be mistaken for Prolapsus Uteri  
but Polypus is not so painful as the Prolapsus, and may be dis-  
tinguished by this — Polypus produces very little organic dis-  
-arrangement of the Uterus — there is a tumor sometimes  
might be mistaken for this but must always be dis-  
tinguished — Polypus to be taken off by a ligature by the  
use of the double canula — after which throw up an injection  
every day to soothe and cleanse the parts — best of tepid water

Thursday 9

Swelling of Leg Great Bleeding, purging &c Cold applications  
Monday Feb 13<sup>th</sup>

Puerperal Fever — to be known by the symptoms only and  
must descend to minutiae too closely but attend only to the  
symptoms and not to the probable location of the inflammation  
Whether of the Uterus Peritoneum

Comes on about the 3 day before or after and not  
after the 6 day  
begins with chills — pulse hurried sometimes full & tense  
tongue pale whitish very peculiar coating & moist also  
afterwards becomes brownish and cracked — Countenance  
respiration hurried and deepening — soreness of the abdo-  
men — lips pain — the pain in the abdomen  
sometimes acute or chronic always  
aggravated by pressure and the whole abdo-  
men immediately involved in its tumefaction  
and pain — the milk suspended — Also the  
lochia with haemorrhage — Corticous, Urine high  
coloured this is the first stage — the second  
stage produces great prostration — the pulse  
140 to 160 and very feeble



Examinations after death & present various appearances but always the appearance of inflammation in some part — The Uterus no doubt is the original seat of the disease, & the Uterus will always found as a ball above the arch of the pubis and has not contracted well, before any other symptoms appears and when pressure applied will give great cutting pain &c — The sooner after delivery the disease comes on and the more comatose the patient is the greater the danger — An Anxiety, sighing and countenance, low delirium, picking at the bed clothes &c — Diarrhea early favourable latter dangerous — she lies on her back with knees drawn up.

Diarrhea for some time before delivery most frequently being a fatal sign — Continence also may induce the same. May also be brought on by imprudence of the nurse, by moving her too soon, improper food and drink — We might suppose the application of the child early to the breast would be of use — but sometimes the greatest care cannot prevent this dreaded disease — as a moist cold damp season generally in winter and spring — very seldom in summer.

Treatment — Administer the Linctus — Calomel & Opium — Blood-letting very largely even to the greatest extent — as long as there is pain, then give  $\times$  or  $\times V$  grs of Calomel with grs  $\times$  Opium will give relief after 6 hours give a large dose of Oil or Calomel, Oil the best perhaps — If pain return a Sinapism over the <sup>whole</sup> ~~lower~~ abdomen will directly give relief. after the Calomel and Opium is purged off — then the  $\times$  or  $\times V$  grs of Calomel & Opium to be repeated again & again until you have relief —



Beattie Thursday Feby 15

Sore Nipple - apply a jelly of quince seed - Alum water - Sulph. of Zinc or Borax &c - apply a shield of metal & Cows titt - "a" wash of alum in Brandy during gestation has frequently hardened the nipple in some who were frequently subject to a soreness" - Inflammation to be treated as in other cases.

### Diseases of Children

The Chord not to be too suddenly divided as it is said to produce many of the Biliary diseases - as well as give it time to breathe as the Mouth and throat are sometimes filled with Mucous this to be taken out & it may be got out by turning it on its breast and wiped out - If there be no pulsation in the Chord at delivery ~~then~~ And there are no signs of putrefaction, then divide the Chord immediately and allow the foetal portion to bleed and place the Child in a warm bath, these Cases Common to those who have received Secale Coriuturn

Sometimes they do not breathe soon after delivery then inflate the lungs and puff on the breath And in this manner you will generally relieve the Disaster - Warmth And Pol. Alkali to the Childs nose have also been practised - Where the breathing is slow & stimulate the External surface - often owing an affection of the foramen Ovale of the heart

Mucosum - dark black viscid matter will be carried off by the first milk of the Mother do not give the Child laxatives. If they must be used give Molasses, Sugar or Manna or decoction of Rose <sup>leaves</sup>



<sup>or yellow gum</sup>  
Jaundice or yellowness of the skin - if the child will not ~~sleep~~  
suck and constantly sleep - give Opae to vomit, laxatives  
As Castor Oil with a little Laud:  $\frac{1}{2}$  grs  $\frac{1}{2}$  teaspoonful Oil - best  
warm bath - If there be choleric pain shows much  
danger -

Thrush occurs in some children - white patches  
on the tongue and side of the mouth the intervening spaces  
are red - Caused by the alimentary canal - purge &c  
Alum  $\frac{3}{4}$  pint water Honey & sage to be applied to the mouth  
Borax in solution or powder with ten times its weight of white  
sugar and thrown in the mouth at the same  
time give Calomel followed by Oil -

Friday Febr'y

Diseases of the Skin - as eruptions  
arising to some interruption of the stomach  
and alimentary canal - are of 2 kinds - the first as before  
the 2<sup>nd</sup> owing to the Lymphatics

The first treated by Calomel then Rhubarb &c the warm  
bath - never use repellants - bathing the part with lime  
water & Oil - or the pith of Sassafras in water & also the  
guinea seed in like manner -

Eruption - commenced in the mouth and is very painful  
the milk teeth or first teeth come on about the fifth or sixth  
month & the last about the second year - the lower  
jaw come first - at the appearance of every tooth there is much  
fever - eyes red &c there in robust children - in feeble ones no  
appetite emaciation, convulsions &c or cough - erup-  
tions of the skin - very sore eyes - and great pain in the head,  
these will generally be relieved by lancing - all diseases  
during teething are more dangerous than at any other time



we must relieve pain and attend to the bowels but a lax state of the bowels is desirable when it is not too great — attend to every circumstance — they are more liable to decrease of any kind during dentition.

It is the sack in which the ~~sack~~ tooth is contained is that which gives pain — And this once divided never closes again they should be lanced as often as may be demanded —

Monday

Cholera Infantum — depends on the atmosphere and weather. And likely to occur in the 2<sup>nd</sup> year and in the city more so than at any other period or in the country —

The internal coat of the stomach is very irritable produced by teething.

It begins by fevers — vomiting — purging — languor listless — the discharges of the stomach and bowels are green or grey the effluvia like decayed cabbage — sometimes frothy & acrid of bile — loss of appetite, great thirst — sunken eye — countenance haggard in a few hours — lies on his back and waste away — tongue dry & inflamed — abdomen tumid — skin cold & moist — sometimes goes on very fast —

Treatment — The exciting cause to be removed by ~~lancing~~ lancing the gums &c or going to the country or some other city — or sea shore better — cool air requires also cleanliness — Next allay the irritability of the stomach — some say ~~by~~ by vomiting. by the ~~a~~ fresh mint <sup>with milk</sup> lime water — ~~Sp~~ Turpentine &c are perhaps much better — blood letting should precede all others when admissible — leaves of fresh mint or sinapisms over the stomach — no opium to be used at this time as all disease of children are inflammatory, old person Typhoid



When the stomach is quiet - give Calomel alone or with  
Specac - at bed gr  $\frac{1}{4}$  Specac  $\frac{1}{8}$  gr for a dose every hour for  
ten hours - then give Ol Turpentine & Castor Oil combined  
the Calomel to be continued untill the stools are changed  
in colour, general well be brown & black and thicker and  
not much smell - If much debility or much pain add  
a little Opium to the Calomel & Specac - the warm bath  
gives much ease at all times - Charcoal has been recom-  
mended as ~~at~~ Pul Carb. Wood gr,  $\sqrt{5}$  to X Rub:  $\sqrt{5}$  grs  
Specac grj  $\sqrt{5}$  strab Zij & table. Spoonful every 2 hours -  
When the stools are changed chalk mixture small doses of  
Kino &c a decoction of black berry root as much good -  
If there be acid on the stomach Mag: Rhubarb & Rubigo  
ferri in large doses is very good - nothing better than Nitro  
Muriatic bath at this stage - by stitious acid Zij Muri  
acid Zij. - a wine glass full to 2 galls of warm water and  
add a spoonful every night when about to be used -  
Tuesday Febry 21<sup>st</sup>

Pertussis, whooping cough comes as a cold - is epidemic, does  
not produce any fever - continues from one month to three.  
or even longer - cold may cause a return - death by suffocation or  
debility - the bronchial tubes are often found closed by mucus.  
no antidote - Treatment - if fever or dyspnea are present re-  
quire blood letting - leeching the breast - & cupping &c Active pur-  
ging with Calomel do not salivate - a diarrhoea will do good.  
Emetics very necessary - as Specac - blisters over the chest often  
required - flowers powder - light diet - When a cough  
continues by habit after the disease - Opium is to be used in the  
form of black-drop dose  $\frac{1}{2}$  of the dose of Laudanum - Appetite  
Musk - Castor - Comphor &c have been used - Garlic after of much  
use when placed over the breast - Change of air very good -